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APR 1 9 2005

| I hereby certify that this | correspondence is | being faxed to the Assist | tant Commissioner for Patents at fax number 70. | 3-872-9306 |
|----------------------------|-------------------|---------------------------|---|------------|
| on April 19, 2005 | | | | |
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents PO Box 1450 Alexandria, VA 22313

FROM-SHUTTERFLY

10 Sirs:

> Attached are signed forms for updating my customer number for the 17 pending US patent applications that I am on record for prosecution. I would appreciate if you can update my customer number to PAIR so I can view status of these on my private PAIR.

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The serial numbers of the 9 applications are listed below: 09/436,704, 10/038,004, 09/450,347, 09/721,484, 09/560,222, 09/550,474, 09/630,752, 09/684,595, and 09/721,437.

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Respectfully submitted,

- Wen

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Xin Wen

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Reg. No. 53,758

Name Signature

*Total of 1 forms are submitted.

| Application in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: Precitioners at Customer Number Please change the correspondence address for the above-identified application to: Please change the correspondence address for the above-identified application to: Precitioners at Customer Number Precitioners at Customer Number Precitioners at Customer Number Precitioners at Customer Number Please change the correspondence address for the above-identified application to: Precitioners at Customer Number Precitioners at Customer | Please type a plus sign (+) inside this box -> + | | | | | 20/ED:84 (88 A4) | |
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| Application Number 09/684,595 | Linder the Peneruory Perturbin Act of 1995 00 08/1003 976 (| equired to respond t | U.S. Patent and Trac | semerk Office; U | hrough 19/31/2002. S. DEPARTMENT | OMB 0651-0035 OF COMMERCE | |
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| AUTHORIZATION OF AGENT Title | | | | 11/5/2000 | | | |
| Group Art Unit Examiner Name Attorney Docket Number SF024001 (11087-017001) I hereby appoint: Practitioners at Customer Number OR Practitioner(s) named below: Name Registration Number Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number. OR Practitioners at Customer Number. Firm or Individual Name Address Address City State ZIP Country Telephone Fax I am ths: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. | POWER OF ATTORNEY OR | First Named Inventor | | HAEBERLI | | | |
| Croup Art Unit 3825 Examiner Name Yang, Ryan R. Attorney Docket Number SF024001 (11087-017001) I hereby appoint: Place Customer Number A2256 Practitioners at Customer Number Bar Code Label here Place Customer Number Bar Code Label here Place Customer Number Bar Code Label here Place Customer Number Bar Code Label here Place Customer Number Bar Code Label here Place Customer Number Bar Code Label here Place Customer Number Bar Code Label here Place Customer Place Place Customer Place Place Place Customer Place P | AUTHORIZATION OF AGENT | Title | | Previewing a Framed Image Print | | | |
| Attorney Docket Number | AUTHOR OF NOTH | Group Art Unit | | 3625 | | | |
| I hereby appoint: Practitioners at Customer Number 42256 Practitioner(s) named below: Name Registration Number AFR 1 9 2005 AFR | | Examiner Name | | Yang, Ryan R. | | | |
| ☑ Practitioners at Customer Number 42256 ☐ Practitioner(s) named below: Registration Number AFR 1 9 2005 AFR 1 9 | | Attorney Do | Attorney Docket Number | | 24001 (11 0 87- | 017001) | |
| ☑ Practitioners at Customer Number 42256 ☐ Practitioner(s) named below: Registration Number APR 1 9 2005 APR 1 9 | I hereby appoint: | | | | | | |
| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or Individual Name Address City State ZIP Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire inferest. See 37 CFR 3.71. | □ Practitioners at Customer Number 42256 ○ R | <u> </u> | | | ber Bar Code | | |
| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or Individual Name Address | | | | | | | R 1 0 2005 |
| business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or Individual Name Address City State I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. | | | | | | <i></i> | ., T 2 5001 |
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| Assignee of record of the entire interest. See 37 CFR 3.71. | | | | | | | |
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| Statement under at GER 3.73(D) is GNC0390. (FORH F 10/3D/30). | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the Individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

SF 1156748 v1

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Stephen E. Recht, Chief Financial Office, Shutterfly, Inc.

Submit multiple forms if more than one signature is required, see below*.